

National Minority AIDS Council
September 2006
Florida Conference

The attendance count of federal employees at the recent U.S. Conference on AIDS held in Hollywood, Florida has reached **92**. Here is a breakdown by agency:

5 employees from the Health Resources and Services Administration (HRSA)
14 employees from the Substance Abuse & Mental Health Services Administration (SAMHSA)
67 employees from the Centers for Disease Control and Prevention (CDC)
5 employees from the National Institutes of Health (NIH) plus **one** NIH contractor

The 92 employees and over \$405,000 in federal funds spent on this conference exceed the 78 HHS employees who attended and \$315,000 spent on the International AIDS Conference in Toronto, Canada held just a month earlier.

The Senate Subcommittee on Federal Financial Management is also investigating how many federal employees attended two other federally funded AIDS conferences that occurred between these two widely attended meetings: "The 15th Anniversary of the Ryan White CARE Act - Grantee Conference and 9th Annual Clinical Conference Update" held August 28- 31 in Washington, DC and the "INTERNATIONAL CONFERENCE ON THE COSTS AND BENEFITS OF HIV/AIDS INTERVENTIONS IN DEVELOPING COUNTRIES" held September 13- 15 in Boston, MA. There were also two other AIDS conferences supported by CDC in May of this year. That means that during the last five months, there have been at least six federally supported AIDS conferences that have cost millions of dollars.

Previous e-mails on the recent U.S. Conference on AIDS provided below:

CARE Act's fate hangs in limbo as AIDS activists party on Florida beaches

With the expiration of the authorization of the Ryan White CARE Act—the nation's largest AIDS-specific care program—approaching the beginning of its second year, thousands of AIDS advocates were soaking up the sun in beautiful Hollywood, Florida this weekend rather than working to compel lawmakers to move the CARE Act reauthorization before Congress recesses at the end of this week. The bill is being held up by Senator Hillary Clinton and perhaps other anonymous Democratic Senators and if the reauthorization does not occur within the next week, the new formulas go into effect that could result in dramatic shifts in funding in states around the country and essentially eliminate the AIDS Drug Assistance Program supplemental that helps alleviate drug waiting lists for underinsured patients. Instead of working to convince Congress to take action this week to reauthorize this important program that provides life saving treatment and support services to thousands of Americans with HIV or trying to eliminate the waiting lists for AIDS medication faced by hundreds of Americans living with HIV, these

advocates were instead enjoying beach parties—including the official “Latin Fiesta” and a “sizzling” fashion show-- and staying at a luxurious ocean front resort.

More information on the U.S. Conference on AIDS:

http://www.nmac.org/conferences_trainings/usca/2171.cfm

**LOCAL WEATHER FOR HOLLYWOOD, FL
RIGHT NOW**



SUNNY – 87 degrees

The Department of Health and Human Services spent over \$400,000 on a recent AIDS conference held in Hollywood, Florida. The South Florida Sun-Sentinel reports that activists at the event claimed that President and Congress had "cut" money for HIV prevention campaigns and had not boosted funding for AIDS treatment. "Where's the money?" asked Damon Dozier, government relations director for the National Minority AIDS Council, the sponsor of the conference. Perhaps he was unaware that his own conference-- which featured a Latin Fiesta, a "sizzling" fashion show, a beach party, a number of receptions, and lodging at a beach side resort-- was siphoning hundreds of thousands of dollars in federal funds away from Americans living with HIV who do not have access to life saving medical care.



South Florida Sun-Sentinel

September 23, 2006

<http://www.sun-sentinel.com/features/health/sfl-rxids23sep23,1,1543237.story>

AIDS activists urge more funds for treatment

By Bob LaMendola
Health Writer

Minority AIDS activists meeting in Hollywood praised federal health officials Friday for urging routine HIV tests for everyone ages 13 to 64 but said the government failed to back up the move with more money for prevention and treatment.

"Testing without treatment is amoral," Phill Wilson, executive director of the Black AIDS Institute, told an audience at the United States Conference on AIDS, taking place through Monday in Hollywood.

"What good does it do to tell people they have HIV if we can't treat them?" Wilson said. "If we don't spend the money to prevent them from getting HIV, when they test positive, we have failed them."

The federal Centers for Disease Control and Prevention recommended Thursday that HIV tests be made a routine part of medical checkups that would be done unless the person explicitly refused it.

The effort aims to target an ongoing problem in which an estimated one in four Americans infected with the virus -- about 250,000 people -- do not know they are HIV-positive, delaying them from starting drug therapy and raising the risk

they will spread the virus.

The new CDC position replaces guidelines urging doctors to test only high-risk individuals such as gay men and intravenous drug users.

AIDS advocates at the conference said the CDC took a step forward by calling for routine testing because African-Americans and Latinos are less likely than others to know their HIV status. Testing campaigns, including in Florida, have identified thousands of HIV cases.

But activists also said President Bush and Congress have cut money for education campaigns that teach youth and adults how to prevent the virus through safe sex and abstinence and are not boosting funds to treat additional cases of HIV that the widespread testing will find.

Federal grants to cities and states for HIV treatment and services have been kept flat at \$2.1 billion a year for the past four years despite about 40,000 new cases of HIV each year.

"Where's the money?" said Damon Dozier, government relations director for the National Minority AIDS Council, the sponsor of the conference.

Dozier also urged the CDC to consider expanding its testing recommendation to children under 13 and seniors over age 64.

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Before departing for the beaches of Florida for their federally funded conference that featured a “Latin Fiesta” and a “sizzling” fashion show, the National Minority AIDS Council (NMAC) dashed off a letter to members of Congress stating that the group did not support the bill to reauthorize the Ryan White CARE Act, the nation’s largest AIDS-specific health care program. NMAC specifically noted its opposition to a provision in the bill—the Early Diagnosis Grant Program—that provided additional resources to states to promote early diagnosis and treatment of HIV infection. While both chambers of Congress were busy debating the future of this important program that delivers care to over half a million people each year, NMAC was already enjoying the first beach party of their weekend conference.



September 28, 2006

The Ryan White HIV/AIDS Treatment Modernization Act of 2006

Dear Members of Congress :

On behalf of the National Minority AIDS Council (NMAC) and our national constituency of more than 3,000 minority community based organizations on the front lines of the fight against HIV/AIDS in their communities, we would like to thank Congress for its efforts to reauthorize the Ryan White Comprehensive AIDS Resources Emergency Act (CARE Act).

NMAC supports the legislation’s goal to retain the current structure of the CARE Act while seeking to protect care infrastructures and responding to demographic shifts in the HIV epidemic.

However, we are concerned that the legislation, as drafted, does not address the need of all minority populations infected and affected by HIV/AIDS nationwide, and believe it needs several improvements before passage in order to gain our support.

As the nation’s largest discretionary spending program aimed at providing care, supportive services and treatment for individuals and families infected and affected by HIV/AIDS who would not otherwise receive access to these services, full funding for the CARE Act is essential and the appropriate authorized funding levels should be a high priority of the Congress in the reauthorization of the law.

Unfortunately, the CARE Act has been flat-funded for a number of years, even as the rate of new HIV infections is consistently reported at approximately 40,000 per year.

Full funding for the CARE Act is critically important to communities of color that have been devastated by the epidemic. Without a fully funded CARE Act, at \$2.6

billion, many men, women and children of color will not have access to this care and gaps in health disparities will grow exponentially.

NMAC supports the direction of additional funding to areas with high HIV incidence; however, with the absence of additional funding states like New York, California, Florida, Texas and New Jersey that have historically been epicenters of the epidemic may be faced with the destabilization of systems of care. We believe regions of the country should not have to advocate for additional funding to the detriment of other areas seeking to care for those affected by the disease.

NMAC is also opposed to several other provisions of the bill, including the inclusion of the Early Diagnosis Grant Program and the lack of additional funding and resources for the Minority AIDS Initiative.

If you have any concerns or questions about our concerns, please feel free to contact Damon Dozier, NMAC Director of Government Relations and Public Policy at (202) 234-5120 extension 308 or ddozier@nmac.org.

Sincerely,

Damon Dozier

National Minority AIDS Council

September 29, 2006

US CONFERENCE ON AIDS

The CDC unveils its testing guidelines with women in the title but not on the panel...plus, young black activists "hushed" by AIDS Inc.

More than 3,500 people involved in the front-line fight against AIDS gathered in Miami Beach last week [to learn what's new in treatment and recharge to fight the epidemic](#). The US Conference on AIDS chose South Florida, site of its first meeting in 1997, because the region reflects a national crisis: the growing rate of HIV infection among young people and in the black community. But US government initiatives showcased at the conference fail both young people and people of color. Women - who also face rapidly rising infection rates - fought just to get a place at the table.



Activists connecting at the US Conference on AIDS.

A new generation needs prevention

"As a movement, we have failed our young people," said **Paul Akio Kawata**, executive director of the [National Minority AIDS Council](#) (NMAC), sponsor of the conference that has become the largest AIDS meeting in the United States. "We don't take the time to educate the new generation. Programs that worked 10 years ago probably don't work for this generation."

Bush and Congress have cut money for HIV/AIDS prevention campaigns. With even less justification, they dump billions of taxpayer dollars into [abstinence-only-until-marriage programs](#). As a result, many of our schools preach abstinence rather than offering sexuality education. Healthcare settings are one of the few remaining places where young people can expect honest, comprehensive information about sex and how to protect themselves from HIV infection. For sexually active young people, an HIV-test is both a responsible step toward sexual health and an opportunity to talk with a knowledgeable professional about risk.

Healthcare providers, however, can do away with HIV pre-test counseling with new blessings from the **Centers for Disease Control and Prevention (CDC)**. The CDC released [new guidelines](#) that promote routine testing while obliterating standards for counseling and consent. Implementing these guidelines, while the government chronically under-funds AIDS prevention, treatment, and care, will ultimately hurt young people, women, and poor communities of color.

"We have always encouraged sexually active young people to be tested," said **James Wagoner**, President of [Advocates for Youth](#). "Concurrently, it is essential that we educate young people about how to protect themselves from the transmission of HIV. Prevention remains our best defense. We cannot afford to spend scarce resources on unproven programs that censor information about condoms, the most effective HIV prevention tool for sexually active people."

Where's the money for testing?

The CDC says healthcare providers don't have money or time to manage counseling or written consent protocols. Even with sub-standard delivery, HIV testing still costs money. While wealthy providers may be able to bill insurance providers, the healthcare system serving poor people must bear the cost, possibly by cutting back on even more services.

For millions of low income and uninsured women, family planning clinics funded under [Title X of the Public Health Services Act](#) are the entry point into the healthcare system. These clinics often provide HIV-testing and other AIDS-related services as part of holistic sexual and reproductive health care. The need is paramount. AIDS rates among women are growing faster than among men. African-American and Hispanic women represent less than 25% of all U.S. women, yet they account for [more than 79% of AIDS cases in women](#). Yet women were missing from the CDC release panel until two women advocates insisted on joining the all-male officials.

"In theory we're wholly supportive of universal testing, but we remain concerned that the cash-strapped family planning clinic system cannot absorb these new costs," **Marilyn Keefe**, interim President and CEO of the [National Family Planning Health Association](#), an organization that represents Title X family planning clinics.

Where's the money for everything else?

No one is arguing that we *should not* expand access to testing. Some [advocates at the conference praised CDC's call for routine testing](#) because African Americans and Latinos are less likely than others to know their HIV status. As the government pushes testing, advocates unanimously wonder: what is supposed to happen when people test positive?

"Testing without treatment is immoral. What good does it do to tell people they have HIV if we can't treat them?" **Phill Wilson**, executive director of the [Black AIDS Institute](#), asked. "If we don't spend the money to prevent them from getting HIV, when they test positive, we have failed them."

Federal grants to states and cities for HIV treatment and services have been at \$2.1 billion per year for the past four years, despite about 40,000 new HIV cases annually. So newly positive people have to fight for the medicine and care they need after being blindsided by an AIDS diagnosis (remember the elimination of pre-test counseling?).

"The real affects of this won't happen for another 10 years or so," explained **Larry Bryant**, **Housing Works** organizer. "Poor communities are always last on the list to receive anything, so they will again be most affected."

Squashing the spirit of activism

The CDC tried to sidestep these reality-based criticisms when they laid out their new guidelines. Lacking meaningful debate, the event was more of an "unveiling" than a "town hall meeting."

For many, the whole Conference seemed stifling.

"The sessions brought up issues that put officials on one side and a person living with AIDS whose services are being cut on the other, but it didn't seem to me that

dialogue was actually encouraged," said **Bryant**. "We have people here who are living with the disease, who are working to prevent the disease, who are working to bring resources to PLWHAs. There is a certain sense of emotion."

There was a group of teens who spontaneously erupted in chants: *End AIDS now! End AIDS now!* They were "encouraged to be quiet."

"It was like an anti-rally," Bryant lamented. "These are black kids. Their parents have died of AIDS. But people were like, 'shhhhhh, don't do that.'"

Such pressure from the established AIDS community both turns-off young leaders and quashes critical debate. We need both to end AIDS.

From: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Sent: Friday, September 22, 2006 11:23 AM
To: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Subject: USCA

I was told that you monitor waste of tax dollars but I am not sure. I am HIV positive and living in Florida and am very grateful for my care and support I receive thanks to the Ryan White Act or I would not be alive today. I am attending USCA and cannot believe the resort that we are meeting in. SOOOO expensive we have to go outside the hotel to eat. I was in the volunteer room listening to them describe the executive director of NMAC, Paul Kawata's suite that includes a spa tub, big screen TV's and giant grand piano. How can this be? Today they asked us to put money in envelopes in the opening session and turn the cash into NMAC for their programs. Isn't there something wrong with this if they receive federal funding? I'm sure you have bigger problems to deal with but thought you should know.
Thank you for your work.

From: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Sent: Friday, September 22, 2006 1:40 PM
To: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Subject: Re: Also

I was not feeling well last night and didn't attend the "Beach Party" but they had buses pick up all the attendees and take them to a different beach (even though the hotel is on the beach) where they had free food, cocktails, entertainment, DJ's, a 15' high sand sculpture of the NMAC and USCA logo. People who attended said it was just over the top and "they forgot they were at an AIDS Conference"

I am still appalled by the request for "our pocket change and any cash" to put into envelopes on the opening morning of this conference. But I am hearing that some people paid almost \$600 just for registration and are staying hotels they could find over 8 miles away and sharing rooms just because they are passionate about their work and think that they need to participate or they will be doing their community a disservice. They were also talking about the Florida Department of Health who bought hundreds of registrations to give out to people. So all that money goes to NMAC.

I really feel that most of the true advocates, leaders, caregivers and us living with the disease would be just as passionate at the Holiday Inn Express because it is supposed to be about the work not the meeting and the parties.

It appears from the release below that HHS attendance at the recent AIDS conference was not limited to NIH and CDC. Do we know how many people from SAMHSA attended and if anyone from HRSA or other agencies attended? Thanks.

SAMHSA AWARDS \$24.9 MILLION FOR SUBSTANCE ABUSE TREATMENT, HIV/AIDS SERVICES FOR MINORITIES

The U.S. Department of Health & Human Services' Substance Abuse & Mental Health Services Administration issued the following press release:

The Substance Abuse and Mental Health Services Administration (SAMHSA) today announced the award of 10 grants totaling \$24.9 million over five years to enhance and expand substance abuse treatment, outreach, and pretreatment services in conjunction with HIV/AIDS services in Black, Latino/Hispanic, and other racial or ethnic communities highly affected by the twin epidemics of substance abuse and HIV/AIDS. Beverly Watts Davis, Senior Advisor on Substance Abuse Policy at SAMHSA, also announced the grants during her speech at the 2006 United States Conference on AIDS held in Hollywood, Florida.

"The interrelationships among substance use and HIV/AIDS is indisputable, and it continues to be a growing concern among racial and ethnic minority communities," said Assistant Surgeon General Eric Broderick, D.D.S., M.P.H., SAMHSA's Acting Deputy Administrator. "These new grantees are tied to grassroots organizations that are deeply rooted in the culture of the community and have a proven track record of reaching and serving people in need of substance abuse treatment and HIV/AIDS services."

The ten awards are each funded up to \$500,000 per year in total costs and are being administered by SAMHSA's Center for Substance Abuse Treatment. In addition to substance abuse treatment, services offered by grantees include brief interventions, including providing literature and other materials to support behavior change, facilitating access to drug treatment, HIV/AIDS testing and counseling services, and other medical and social services available in the local community

Continuation of these awards is subject to the availability of funds as well as the progress achieved by the grantees. Total funding for year one is \$5.0 million.

The Targeted Capacity Expansion Substance Abuse Treatment and HIV/AIDS Services grantees are as follows:

Alabama

Health Services Center, Inc., Anniston- \$500,000 for one year and approximately \$250,000 per year for the following four years to expand the Behavioral Day Treatment program to provide transportation and outpatient substance abuse treatment for Black women who are HIV infected or at risk for HIV infection in rural Alabama.

Arizona

Arizona Board of Regents/University of Arizona, Tucson - \$500,000 per year to implement Project DAP (Determining Another Path). This project will expand and enhance services for Hispanic, Black, and Native American adolescents in partnership with the Arizona Children's Association substance abuse treatment program.

Cope Behavioral Services, Inc., Tucson- \$495,623 per year to provide intensive outpatient substance abuse treatment to Latina women who have been released from the prison system within the past two years. Treatment will be evidence-based using the Cognitive-Behavioral Approach: Treating Cocaine Addiction Manual developed by HHS's National Institute on Drug Abuse (NIDA).

Massachusetts

Tapestry Health, Inc., Florence- \$500,000 per year to expand HIV prevention and substance abuse treatment services for Latino injection drug users. A mobile van service will provide rapid HIV testing as well as screening for STDs and hepatitis and nurse practitioner primary health care.

New York

Osborne Association, Long Island- \$497,280 per year to provide intensive outpatient substance abuse treatment services and enhanced pretreatment and HIV/AIDS prevention and treatment services among individuals in the Bronx who have been involved in the criminal justice system.

Center for Community Alternatives, Syracuse - \$500,000 per year to expand its current six-month, women's -only program to include new treatment slots for Black men recently released from the New York criminal justice system. In addition to substance abuse treatment, the men will receive on-site HIV rapid testing, Hepatitis C (liver disease) and STD screens, drug use evaluations, medical assessments, psychiatric evaluations, treatment plans and case management.

Heritage Health and Housing Inc., New York City- \$500,000 per year to add 150 northern Manhattan treatment slots, which will be accessed through mobile outreach, pre-treatment and integrated services for alcohol and drug-involved Black and Latina women released from state and local jails and prisons.

St. Luke's - Roosevelt Institute for Health Sciences, New York City - \$499,999 per year to provide Motivational Enhancement Therapy and Cognitive-Behavioral Therapy to HIV-positive and HIV high-risk minority adolescents with substance abuse problems.

Long Island Associate for AIDS Care, Hauppauge- \$500,000 to provide culturally competent mobile outreach and transportation for up to 7,000 adults in the area. The outreach van will provide prevention messages, literature and physical prevention tools; rapid HIV testing with pre- and post- counseling; hepatitis screening; referrals to primary health care, mental health services, social services and legal services.

Washington

Neighborhood House, Seattle - \$500,000 per year to implement the NIDA Community-based Outreach Model to produce an integrated and comprehensive

HIV/substance abuse services continuum that will link HIV outreach and education services with substance abuse treatment.